

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
Tuesday 5th September 2017

TITLE OF REPORT:	Dr N Mudigonda & Dr V Mudigonda : Retirement and removal from contract of Dr N Mudigonda
AUTHOR(S) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	The CCG require assurance of delivery of the GMS contract where a partner is removed from the contract and leaves a sole contract holder
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Dr N Mudigonda is retiring from practice and coming off the GMS contract • Dr V Mudigonda will become a sole contract holder • The CCG require assurance on the ongoing delivery of the contract.
RECOMMENDATION:	That the committee gives approval for the contract to continue with Dr V Mudigonda as a sole contract holder given the assurances provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The practice plans to join Primary Care Home 1 or 2. The groupings support the CCG Primary care Strategy in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost



1. BACKGROUND AND CURRENT SITUATION

- 1.1. Dr N Mudigonda and Dr V Mudigonda (father and son) hold a GMS contract to provide primary medical services form Bilston Health Centre. The practice had c3,800 patients.
- 1.2. Dr N Mudigonda was a sole contract holder until joined by Dr V Mudigonda in 2012.
- 1.3. Dr N Mudigonda has submitted an application to retire from the practice leaving Dr V Mudigonda as the principle GP on the contract post Dr N Mudigondas retirement.
- 1.4. The CCG are required to gain assurance that the practice will continue following the retirement of a partner where the remaining partner becomes a sole contract holder

2. PRACTICE PROPOSAL

- 2.1. The practice has submitted a business plan identifying the proposal for clinical cover following Dr N Mudigonda's retirement.
- 2.2. Dr N Mudigonda reduced his clinical commitemnt in the practice fromm 9 sessions to 5 per week in October 2013. A salaried GP has been covering these sessions since then
- 2.3. An additional salaried GP has been employed for 4 sessions per week with a view to this GP becoming a partner on the contract in the future
- 2.4. This salaried GP was previously a GP registrar in the practice so has an advantage in already having knowledge of the patients and the area.
- 2.5. The practice has a robust nursing team in a health care assistant and advanced nurse practitioner (ANP). The ANP also supports the medical team in that she will see patients with minor illnesses.
- 2.6. The practice is also a training practice and have part time female registrar who will be in the practice for 2.5 years and while it is understood she is a trainee and supernumerary she will be able to offer some continuity and additional choice to those patients who wish to see a female GP in the immediate future.
- 2.7. The practice will continue to offer the full range of additional and enhanced services and has demonstrated that there will be no loss of clinical services or change to appointment schedules.

3. CLINICAL VIEW

Not applicable

4. PATIENT AND PUBLIC VIEW

- 4.1 There is no change to patient services, although the practice will inform patients of the retirement of Dr N Mudogonda via the PPG and posters in the surgery.



5. KEY RISKS AND MITIGATIONS

- 5.1. The Capitation of nearly 4000 patients exceeds the amount of patients per contract holder that would normally be expected. If there was a situation where the sole contract holder was unavailable for any period of time e.g long term sick there could be serious implications as to the management and direction of the practice as well as meeting the needs of the practice capitation. This could result in an impact on the delivery of the contract. The practice has considered this and has included a business continuity plan to mitigate this risk and:
- Has taken on the extra salaried doctor with a view to making them partner in the near future
 - Are in active discussion one of the Primary care Home groups with regarding to joining them in the near future
 - Has an arrangement with a local surgery for provision of patient services in an urgent situation
 - Has an arrangement with the spouse of Dr V Mudigonda for clinical cover
 - Will approach a locum agency if necessary for additional clinical cover.
 - Dr M Mudigonda (non medical doctor) is the practice business manager and brother of Dr V Mudigonda and has long term vested interest in the practice.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. There are no financial implications

Quality and Safety Implications

- 6.2. The practice has informed CQC of the proposed changes

Equality Implications

- 6.3. Not applicable

Legal and Policy Implications

- 6.4. Risk to delivery of the contract – see Key risks and mitigations

Other Implications

- 6.5. No other implications identified.



7. RECOMMENDATION

It is recommended that the committee give approval for Dr V Mudigonda to continue as sole contract holder following the removal of Dr N Mudigodna given the assurance provided by the practice.

Name: Gill Shelley
Job Title: Primary Care Contracts Manager
Date: 5th September 2017

ATTACHED:

Practice document: Application for Contractual Change

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Gill Shelley	5/9/17

